

# **After the Crisis Initiative: Healing from Trauma after Disasters**

## **Resource Paper: Criminal Justice Systems Issues and Response in Times of Disaster**

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As the world watched, Hurricane Katrina came ashore leaving in its wake what President Bush has called “the worst natural disaster in the history of our country.” As people around the world witnessed the devastation of Hurricane Katrina and then Hurricane Rita unfold, local, state and federal governments, alongside national disaster response organizations, began to realize that this disaster would overwhelm resources like never before. Countless stories of devastation and of heroism were told. Through it all, the discovery that although there has been tremendous progress over the years in the development of disaster response plans and protocols, every disaster brings with it new challenges, prompting review and revision of these plans. One area in disaster response plans that is critical to the survival of those impacted is the behavioral health component. As the role of behavioral health systems in disasters continues to evolve, one of the many vulnerable populations to be examined are those individuals who were in the criminal justice system prior to the disaster, as well as those who enter the system post-disaster, particularly those with previous mental health, substance abuse and/or trauma histories.

The Louisiana Department of Corrections reported that 8,000 inmates in their prison system were moved from prisons damaged by the Hurricanes to thirteen different facilities (Fields, 2005). At the Washington Parish Correctional Institute, 95% of the Institute’s employees suffered some home and/or property damage from the Hurricanes, and 65% of those suffered significant damage (Laborde, 2005). According to the Department of Justice, the Bureau of Prisons provided extensive support to the Hurricane Katrina response efforts. They transported 4,000 Louisiana Department of Corrections inmates out of New Orleans jails. Buses staffed by Bureau personnel were brought in from both within and outside the region to assist with evacuations. Fifty-five inmates from St. Charles Parish Jail were taken to the Federal Detention Center in Houston, Texas at the request of the US Marshals Service. In addition, seventy inmates from Harrison and Pearl Counties in Mississippi were transported to the northern part of the state. There were also many justice-involved individuals who were either in community supervision on probation or parole, as well as registered sex offenders who may have evacuated from the area or the state. Following the Hurricanes, the Louisiana Department of Corrections posted numbers on their website asking these individuals to call to reorganize their supervision. In addition to the thousands of displaced inmates, many had family who were impacted and/or displaced as well.

Approximately 85% of the Washington Correctional Institute inmate population was from the devastated areas south of Washington Parish. The staff indicated that it would be a long and difficult task locating loved ones of those inmates to determine their location. One story in particular of the inmates at the Washington Correctional Institute captured their experience of Hurricane Katrina. It had been hard for many of the inmates to grasp the impact of the hurricane outside the prison. They had no access to news reports until the Warden videotaped a newscast and played it on the prison’s television system. The television rooms were silent as inmates crowded in. One inmate, who had been there nine months for a parole violation, was watching the screen when he saw his neighborhood, then recognized his street and family home, all under water. “I’m just hoping everybody got out safe,” he said referring to his two brothers and sister. “You can’t call because of the phone situation here, and there’s no sense writing a letter. The

mail ain't got no where to go. I have no idea what shelter they went to or even what city they might be in." Another inmate who was loading baby formula pallets to be shipped to shelters said, "We can't help our families...At least doing this, helping, it takes your mind off it for a while." For those inmates who had family members that had remained in the area, visitation was resumed to maintain a sense of normalcy for both the staff and the inmates (Fields, 2005). An even bigger challenge will be finding the families of prisoners who are soon to be released.

A trustee, by definition, is a justice-involved individual that the criminal justice staff trusts to work outside the facility with minimum security and supervision. These individuals are non-violent offenders with less than three years remaining on their sentence. Many trustees in criminal justice settings were involved in recovery and clean up, and although it gave them a sense of doing something for the community, it also exposed them to some of the devastation. Another way the trustees were able to help their community from inside the walls of their confinement was by caring for abandoned pets. In these cases they were able to receive unconditional love from the animals. As one Louisiana Department of Corrections trustee said in an interview in reference to the pets she was caring for, "Had I been at home, I probably would have gone down and helped. This gives me the responsibility and gives me motivation to go out and live a so-called normal life. We're in here trying to get our life together. There is someone out there waiting on their pets and I'm taking care of their pets while they're getting their life back together" ("Inmates Welcome Cats," 2005).

To consider a behavioral health response to individuals in the criminal justice system, a review of the existing research is critical. One common theme throughout the literature is that individuals with mental health or substance abuse problems and severe trauma histories are as likely to end up in jail or prison as in the mental health system. In fact, rates of prior trauma are as high or higher for individuals in the criminal justice system as for individuals in the mental health system (Jennings, 2005). Some research has shown the incidence of serious mental illness is two to four times higher among prisoners than it is among those in the general population (Hammet, Roberts, & Kennedy, 2001). Prevalence rates of mental illness in jails and prisons range from 8% to 16% (Abram & Teplin, 1991; Teplin, 1990; Teplin, 1994; Teplin, Abram, & McClelland, 1996). In addition, co-occurring substance use disorders are common among people with mental illness who are in correctional facilities. Research has demonstrated that over 70% of the justice-involved individuals with serious mental disorders also have substance abuse problems ("Inmates Welcome Cats," 2005). These findings clearly indicate the need for behavioral health services in criminal justice settings. However, review of the disaster response literature indicates a lack of research on behavioral health needs of individuals in the criminal justice system and an absence of descriptions of how disaster response is integrated with service linkage to or from the criminal justice system.

Retraumatization is also a concern in the criminal justice system. However, behavioral health resources to address this concern are limited. Justice-involved individuals who have a mental illness, in comparison to the general population, tend to have longer criminal histories involving violent offenses and are more likely to have been

using drugs or alcohol when they committed their crime. They are also more likely to have histories of homelessness and sexual and physical abuse (Ditton, 1999). A lack of resources for appropriate treatment or interventions could lead to an increase in medical admissions for trauma-related physical and psychiatric problems, as well as psychological distress that could lead to behaviors that cause unrest in the facility or re-arrest post-release. All of these factors combined with the effects of Hurricanes Katrina and Rita put justice-involved individuals at risk. Furthermore, these individuals were not only at the mercy of the hurricanes but they were also at the mercy of the criminal justice system, making their journey to establishing some sense of control to begin recovery more difficult.

For those justice-involved individuals who are evacuated, continuity of care becomes an issue. In correctional settings, it is unlikely that during a disaster the individual's medical records will follow him or her to the receiving institution. A disruption in any behavioral health treatment they may have been receiving, coupled with the impact of the disaster, could create major setbacks in treatment. In addition, the justice-involved individual's social support system is likely to be disrupted if family members were forced to evacuate and cannot be located.

Emergency plans must also include responder family assistance centers. During times of disaster, criminal justice system staff may work long hours and stay at the facilities for several days in a row. This puts a strain on both the staff members and their family. This stress has the potential to spill over into staff treatment of those justice involved individuals for whom they are responsible. Also it is not uncommon for family to feel abandoned when their loved one is spending much of their time in disaster response on the job, rather than tending to disaster response in the home. Establishing a responder family assistance center gives the family a place near the criminal justice facility to go spend some time with their responder, maybe have a meal with him or her, before they must return for their shift. It also provides respite for the responder/criminal justice staff.

Emergency preparedness is a crucially important topic for the criminal justice system. After all, this system is responsible for the safety of individuals who are usually locked up and therefore cannot protect themselves from the disaster, as well as responsible for protecting the community from these same individuals. A review of state department of corrections' emergency management literature revealed that behavioral health components, if they even exist in the plan, are designed for dealing with the psychological impact of the disaster on the staff. There is some mention of keeping inmates informed to elicit their cooperation during a disaster. A review of state emergency management literature only refers to the criminal justice system in terms of how to conduct evacuations and the use of trustees as manual labor for the recovery and clean-up phase after the disaster. Again, this highlights the lack of focus on behavioral health issues of justice-involved individuals.

The criminal justice system will likely be impacted across the spectrum from initial law enforcement involvement through the court system to jail and prison incarceration. In communities with large numbers of evacuees, both law enforcement and evacuees will be at a disadvantage. Law enforcement will not be familiar with evacuees, evacuees will be less likely to have treatment resources in place and there will be fewer resources for law enforcement to divert individuals. Increased workload may result in untrained and over-extended officers handling calls for emotionally disturbed individuals, increasing the risk of inappropriate law enforcement response. Courts will face similar issues as those faced by law enforcement. In addition, there may be less latitude in considering diversion from jail when individuals have no treatment or other ties to the community and their residence in a particular community is still considered transitional.

These hurricanes took a tremendous toll on the existing criminal justice infrastructure in New Orleans. This was not anticipated and there was not a clear plan in place on how to operate if this infrastructure was damaged. As a result there is a need to look creatively at how to quickly create a new infrastructure so that the criminal justice system can function as soon as possible following a disaster. This would need to include support for criminal justice staff that would be dealing with not only the impact of the disaster, but also the challenge of operating in a new infrastructure that would most likely not be as familiar or as effective as what they had been operating in prior to the disaster. A breakdown in the criminal justice system can have serious and long-lasting negative results. Therefore, emergency management plans need to include templates for how to accomplish this critically important task.

Jail mental health services in many communities that are already overtaxed will incur an additional burden. In addition, screening, assessment and lack of clinical documentation will make appropriate diagnosis and stabilization more difficult. There is also a need to develop screening instruments to capture trauma, victimization, and substance abuse histories. Jail management will be more difficult also due to the uncertainty of the future faced by jailed evacuees. These uncertainties are likely to increase anxiety, fear and acting out behavior. Re-entry and continuation of care will also be challenging. Mental health services have been severely taxed with many communities reporting a 30 to 40% increase in service demand. Obtaining timely aftercare appointments, benefits and medication will be a challenge. Prison-based services will not be taxed as acutely as jail services, but future re-entry for evacuees will be a challenge because identifying an appropriate community for release will be difficult and prison staff will likely meet resistance.

All criminal justice professionals (judges, jail/prison staff, law enforcement, court personnel and community corrections) could benefit from training on the effects of trauma on those who are justice-involved. This might be accomplished by imposing a trauma informed curriculum in basic and on-going continuing education credits. Another avenue might be to contact criminal justice state and national associations to provide this training at conferences. Finally a "train the trainer" might be more effective to reach a larger base of criminal justice professionals. This training would not only be useful

during times of disaster, it would also be useful to those who work with justice-involved individuals on a regular basis.

When evacuees with mental illness, substance abuse disorders and trauma histories become justice involved, they are likely to face the following issues:

- Delayed screening, assessment and diagnosis because of lack of documentation about past treatment history;
- Difficulty receiving medication because institutions receiving evacuees may lack appropriate medical records to dispense medication or have an insufficient supply of medication;
- Interruption of behavioral health services;
- Separation from family and other supports;
- Lack of information about family's location post-evacuation;
- Targeted Capacity Expansion jail diversion sites are reporting lack of access to inpatient beds resulting in longer jail stays;
- Becoming stuck in the system because of potential disruption of criminal justice system procedures;
- Interruption of benefits, either due to evacuation or as a result of incarceration;
- For custodial parents, most often mothers, separation from children either due to the evacuation or as a result of incarceration;
- Increased risk for victimization and higher incidence of prior trauma, as a result of evacuation;
- A higher risk of violence for those who relapse.

Given the inevitable re-occurrence of disasters, development of trauma-informed behavioral health embedded in the criminal justice system is crucial to the mental health of justice-involved individuals. A behavioral health response by the criminal justice community for justice-involved individuals with mental illness and or trauma history can include:

- Involvement in planning groups in local committees involved with response to the disaster as an advocate for this population;
- Encourage states to include a detailed criminal justice system annex in their state emergency management plans that can be replicated by local jurisdictions;
- Identifying federal benefits and resources to assist the justice-involved population;
- Assisting evacuees in finding and, if possible, reuniting with family or other community supports;
- Advocating with benefit agencies to accelerate and streamline response to get benefits established or re-established;
- Identification of grant programs that can fund local initiatives to target interventions for evacuees;
- Development of protocols by state authorities that will govern re-entry from prison so community and provider resistance is reduced;
- Provide peer run trainings for criminal justice center professionals;

- Provide peer training to trustees and develop peer support groups for justice-involved individuals;
- Re-establish a treatment record at the first opportunity, which in many instances may be jail mental health treatment, to assist future providers with assessment, treatment and diagnosis. Jail based services can:
  - Provide careful documentation of treatment history to identify past providers and response to treatment;
  - Document the facts of an individual's evacuation, the impact of evacuation on the individual's mental health and exacerbation of past trauma, and any key incidents that occurred, such as family death, victimization, so that future providers can intervene promptly;
  - Provide evacuees, with explicit written release plans and essential treatment information, including jail treatment contact information, to keep with them so that future providers can obtain jail treatment information and basic treatment information;
  - Provide support and information to custodial parents regarding the whereabouts of children, and promote contact or reunification with children when appropriate.
- Engage the community mental health system in providing pre- and post-disaster services to justice-involved individuals;
- Develop death notification plans to inform family and justice-involved individuals;
- Teach criminal justice professionals responsible for emergency management planning about FEMA disaster protocol;
- Teach all criminal justice staff and volunteers how to provide Psychological First Aid;
- Provide trauma informed training to criminal justice staff, volunteers and chaplains;
- Ensure access to appropriate medications through emergency planning;
- Develop necessary psychosocial supports and services;
- Employ telecommunications technology to deliver effective and cost-effective services and to re-connect inmates with family;
- Initiate and maintain partnerships between state mental health and other agencies to provide disaster assistance to justice-involved individuals;
- Inform inmate's families of emergency plans;
- Establish hotlines that family members can call to locate the justice-involved individuals who are evacuated;
- Establish hotlines for sex offenders and community supervision clients to call in and register their location;
- Promote access to evidenced-based practices, while continuing to monitor and measure these interventions;
- Develop effective mechanisms for dissemination of findings regarding promising practices and evidenced-based practices;
- Develop peer educator programs for inmates and their families;
- Develop programs that train chaplains in disaster response, death notification, and disaster response;

- Collaboration between corrections and community-based providers is essential to a seamless transition of mental health treatment when the individual is released;
- Develop collaborations between corrections facilities and state health departments to identify systems for the continuation of medication following a facility evacuation;
- Utilize telehealth interventions when correctional facilities are displaced from providers;
- Identify funding mechanisms to support post-disaster response and link these to other state mental health responses;
- Evaluate housing options upon release;
- Establish service linkages among mental health and substance abuse providers in criminal justice settings and disaster response;
- Develop peer run transition programs to support justice involved individuals as they transition back into society;
- Create community supervision contingency plans for when released justice-involved individuals are forced to evacuate;
- Implement plans to evacuate prisoners prior to the storm;
- Develop protocol for shelters to have the ability to identify justice involved individuals who may evacuate to shelters;
- Develop mutual aid agreements across state lines to address potential evacuation of justice involved individuals that would include sharing of information protocols;
- Create a system that allows evacuated justice-involved individual's medical record to accompany them at the receiving institution;
- Collaborate with FEMA and CMHS to look at new and innovative ideas for addressing the needs of all individuals impacted by disasters;
- Create a task force to interview and observe, while collecting data, how the New Orleans criminal justice system and the justice-involved individuals it serves, recover from the aftermath of the hurricanes;
- Create a "lessons learned" paper and list of recommendations to be distribute to all state emergency management offices as well as criminal justice entities so that they may benefit from the experiences of the New Orleans criminal justice system.

Every disaster experience offers the opportunity for "lessons learned." In the behavioral health arena, it is an opportunity to review services provided to the at-risk populations as well as the community at large. Experiences gained from Hurricane Katrina and Hurricane Rita reinforces the need for trauma informed behavioral health disaster response in criminal justice settings. The sheer numbers of individuals who may potentially need services tells us that the criminal justice system as it currently exists cannot possibly handle all of the needs. This opens the door to the consideration of peer support services as an asset to be utilized by the system to reach more justice-involved individuals who are in need of services. By providing these services, everyone in the community is served. As with many things, disasters happen in the fabric of individuals' lives; this is an opportunity to both mend and strengthen that fabric.



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